

# Work Order ID 95803

\*95803\*

Page 1

January-18-13 11:21:32 AM

Item ID: D3595-063-395 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: RUBBER CUSHION  
 Start Date: 1/21/13 Start Qty: 30.00 \*30\* Cust Item ID:  
 Required Date: 1/22/13 Req'd Qty: 30.00 \*30\* Customer:  
 Reference:

Approvals: Process Plan: pl Date: 1/21/13 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr                            |                      |         |        |              |               |               |                  |                |
| D3595                          | A                                       |                      |         |        |              |               |               |                  |                |
| 100                            |   | 0.00                 |         |        |              |               |               |                  |                |
| *100*                          | FLOW WATER JET                          |                      |         |        |              | 30            | 0             |                  | Jm B-2-6       |
| Waterjet                       | Memo                                    | 0.00                 |         |        |              |               |               |                  |                |
| FLOW CNC Waterjet              | 1-Cut as per Dwg D3595                  |                      |         |        |              |               |               |                  |                |
| Neo 125                        | Dwg Rev: <u>A</u>                       |                      |         |        |              |               |               |                  |                |
|                                | Prog Rev: <u>A</u>                      |                      |         |        |              |               |               |                  |                |
|                                | 2-Debur if necessary                    |                      |         |        |              |               |               |                  |                |
| 110                            | QC2- Inspect parts off machine FAI/FAIB | 0.00                 |         |        |              |               |               |                  |                |
| *110*                          |   |                      |         |        |              | 30            | 0             |                  | Jm B-2-6       |
| QC                             | Memo                                    | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |   |                      |         |        |              |               |               |                  |                |
| 120                            | QC8- Inspect parts - second check       | 0.00                 |         |        |              |               |               |                  |                |
| *120*                          |   |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                    | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |   |                      |         |        |              |               |               |                  |                |

DAS  
16  
9-89  
13/2/11

conts  
x30

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |                                    |  |   |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|------------------------------------|--|---|---|----------------------|--|----------------|--------------|---|--|--|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |                                    |  |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="width:25%;">Skid-tube <input type="checkbox"/></td> <td style="width:25%;">Crosstube <input type="checkbox"/></td> <td style="width:25%;">Water Jet <input type="checkbox"/></td> <td style="width:25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                |              |   |  |  | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/>           | Engineering <input type="checkbox"/>  |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>   | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/>   | Quality <input type="checkbox"/>  |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>   | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>  |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>   | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/>            |   |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| <b>Root Cause</b>  | Date                               | Step   | Qty   | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description  | Sign &<br>Date | Verification | QC Inspector  |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Doc/Data <input type="checkbox"/>  |                                    |  |   |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Equip/Tooling <input type="checkbox"/>   |                                    |  |   |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Operator <input type="checkbox"/>  |                                    |  |   |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Material <input type="checkbox"/>  |                                    |  |   |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Setup <input type="checkbox"/>   |                                    |  |   |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Other <input type="checkbox"/>   |                                    |  |   |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Process <input type="checkbox"/>   |                                    |  |   |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Supplier <input type="checkbox"/>  |                                    |  |   |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Training <input type="checkbox"/>  |                                    |  |   |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Unapproved <input type="checkbox"/>  |                                    |  |   |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| <b>FAULT CATEGORY</b>  |                                    |  |   |   |                      |  |                |              |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |                                    |  | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                      | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions  |                |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

**Work Order ID 95803**

January-18-13 11:21:32 AM

**\*95803\***

Page 2

Item ID: D3595-063-395

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: RUBBER CUSHION

Start Date: 1/21/13 Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 1/22/13 Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

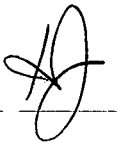
Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                          | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            | Identify as per dwg & Stock Location: <u>LG51</u> | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   |   |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo  | 0.00                 |         |        |              | 30            | 0             | 0                | AP             |
| Packaging                      |   |                      |         |        |              |               |               |                  | 13-2-11        |
| 140                            | QC21- Final Inspection - Work Order Release       | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |   |                      |         |        |              |               |               |                  |                |
| QC                             | Memo  | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |   |                      |         |        |              |               |               |                  |                |

13/2/11 

ME

13-2-11

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |   |   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>  | Water Jet <input type="checkbox"/>  | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/>  | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |   |                   |                    |             |              |              |
| Operator      |      |      |     |   |                   |                    |             |              |              |
| Material      |      |      |     |   |                   |                    |             |              |              |
| Setup         |      |      |     |   |                   |                    |             |              |              |
| Other         |      |      |     |   |                   |                    |             |              |              |
| Process       |      |      |     |   |                   |                    |             |              |              |
| Supplier      |      |      |     |   |                   |                    |             |              |              |
| Training      |      |      |     |   |                   |                    |             |              |              |
| Unapproved    |      |      |     |   |                   |                    |             |              |              |

**FAULT CATEGORY**

| Landing Gear  | General                                 | Other  |
|---|---|--|
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           |
| <input type="checkbox"/> Crushed/Crimped              | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Misabeled                       |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |
|   |   | <input type="checkbox"/> Ovalized                        |
|   |   | <input type="checkbox"/> Over/Under tolerance            |
|   |   | <input type="checkbox"/> Part Incorrect                  |
|   |   | <input type="checkbox"/> Part Lost/Missing               |
|   |   | <input type="checkbox"/> Part Moved                      |
|   |   | <input type="checkbox"/> Positioned Wrong                |
|   |   | <input type="checkbox"/> Power Loss/Surge                |
|   |   | <input type="checkbox"/> Pressure/Forced                 |
|   |   | <input type="checkbox"/> Temperature/Cure                |
|   |   | <input type="checkbox"/> Weld                            |
|   |   | <input type="checkbox"/> Wrong Stock Pulled              |
|   |   | <input type="checkbox"/> Other                           |

# Picklist Print

January-18-13 11:21:31 AM

Page 1

Work Order ID: 95803

Parent Item: D3595-063-395

Parent Item Name: RUBBER CUSHION

Start Date: 1/21/13

Required Date: 1/22/13

Start Qty: 30.00

Required Qty: 30.00

Comments: IPP Rev:A 10.11.03 as per dwg revA DD verf:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

|       |  |              |    |  |  |     |    |         |        |                     |  |  |  |
|-------|--|--------------|----|--|--|-----|----|---------|--------|---------------------|--|--|--|
| D3595 |  | Manufactured | No |  |  | 100 | sf | 59.4134 | 0.0196 | <del>0.618948</del> |  |  |  |
|-------|--|--------------|----|--|--|-----|----|---------|--------|---------------------|--|--|--|

Rubber Cushion (per sq ft)

Jm 13-2-6

Location

Loc Qty

Loc Code

MAT052

59.4134

68954

46

84209

13.4134

84209

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|   |                                    |  |   |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|---|------------------------------------|--|---|---|--------------------------|---|------------------------|---------------------|---|--|--|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____  |                                    |  |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                        |                     |   |  |  | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>  | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/>           | Engineering <input type="checkbox"/>  |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>  | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/>   | Quality <input type="checkbox"/>  |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>  | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>  |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>  | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/>            |   |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| <b>Root Cause</b>   | <b>Date</b>                        | <b>Step</b>                                  | <b>Qty</b>  | <b>Description of work order update or Non-conformance</b>  | <b>Initial Chief Eng</b> | <b>Action Description</b>   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b>   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Doc/Data <input type="checkbox"/>   |                                    |  |   |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Equip/Tooling <input type="checkbox"/>  |                                    |  |   |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Operator <input type="checkbox"/>   |                                    |  |   |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Material <input type="checkbox"/>   |                                    |  |   |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Setup <input type="checkbox"/>  |                                    |  |   |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Other <input type="checkbox"/>  |                                    |  |   |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Process <input type="checkbox"/>  |                                    |  |   |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Supplier <input type="checkbox"/>   |                                    |  |   |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Training <input type="checkbox"/>   |                                    |  |   |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Unapproved <input type="checkbox"/>   |                                    |  |   |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| <b>FAULT CATEGORY</b>   |                                    |  |   |   |                          |   |                        |                     |   |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |                                    |  | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                          | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                        |                     | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

## FIRST ARTICLE INSPECTION CHECKLIST

| Rev | Date     | Change    | Revised by | Approved |
|-----|----------|-----------|------------|----------|
| A   | 08.01.23 | New Issue | KJ/EC/DD   |          |



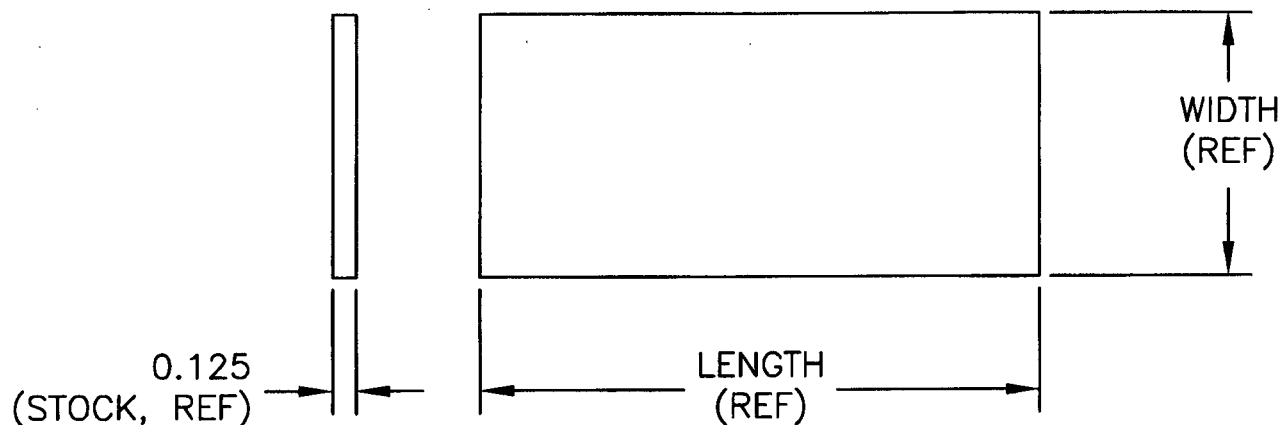
|                        |                         |   |                        |
|------------------------|-------------------------|---|------------------------|
| DESIGN<br>PH           | DRAWN BY<br>PH          | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA |                        |
| CHECKED<br>[Signature] | APPROVED<br>[Signature] | DRAWING NO.<br>D3595                              | REV. A<br>SHEET 1 OF 1 |
| DATE<br>07.02.07       |                         | TITLE<br>RUBBER CUSHION                           | SCALE<br>NTS           |
| A                      | 07.02.07                | NEW ISSUE   |                        |

RELEASED

07.02.14 [Signature]

## SPECIFICATION CONTROL DRAWING

95803



SPECIFICATION: D3595-XXX-YYY RUBBER CUSHION

WIDTH  
LENGTH

EG: 0.75"x4.30" RUBBER CUSHION = D3595-075-430

### **NOTES**

- 1) MATERIAL: BLACK NEOPRENE SHEET, 0.125 THICK,  
80 DUROMETER (REF DART SPEC. M-NEO80-S.125)
- 2) FINISH: NONE
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

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